

☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMUEL E LOGAN DIRECTOR 2009 LAWRENCE STREET, NE WASHINGTON, DC 20018-2832	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH ROSS DIRECTOR 790 FRANKLINWAY CRESCENT LONDON ONTARIO, N6G 5, CANADA , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER D SHERRARD DIRECTOR 1640 N.E. JACOBSON RD. POULSBO, WA 98370	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH W STARR DIRECTOR ONE BEAR PLACE #97096 WACO, TX 76798	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART A ZIMMER, JR. DIRECTOR 1537 AVENUE D SUITE 352 BILLINGS, MT 59102-3048	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRENT M MCBURNEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRENT M MCBURNEY, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE	6/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			